

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Pharmaceutical composition for the treatment of itch																				
Application Number : Date : First Named Applicant: Dr. Sarfaraz Niazi Attorney Docket Number: 2003-2																					
<b>TOTAL FEE AUTHORIZED \$ 375</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity  BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	375	375																		
			Subtotal For Basic Filing Fees: \$ 375																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 6</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 6	0	2202	9	0	Independent Claims : 1	0	2201	42	0				Subtotal For Extra Claims Fees: \$ 0	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 6	0	2202	9	0																	
Independent Claims : 1	0	2201	42	0																	
			Subtotal For Extra Claims Fees: \$ 0																		
<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Deposit account number: 502707 Access Code **** Deposit name: Sarfaraz Niazi Deposit authorized name: Sarfaraz Niazi Signature: /Sarfaraz Niazi/ Date (YYYYMMDD): 2003-07-20																					